**CRUSH INJURY/SYNDROME**

**ACTION/TREATMENT:**

- ABCs/monitor cardiac rhythm/spinal immobilization/control hemorrhage.
- Protect the airway/oxygen via facemask for dust inhalation protection.
  - Wipe out mouth with damp cloth.
  - Provide a barrier protection mask, if $O_2$ is not safe to administer, to act as a dust filter.
- Advanced airway prn.
- IV access in unaffected limb:
  - Normal saline 20 mL/kg up to 2 liters for fluid resuscitation, prior to release of compression force.
- Psychological support.
- Consider Albuterol for possible hyperkalemia (peaked T-waves or wide QRS > 0.12 seconds), wheezing or bronchospasm:
  - 3 ml (2.5 mg) of a 0.083% solution nebulized. May repeat.
- Sodium bicarbonate (NaHCO3) 1 mEq/kg IVP. (**FOR CRUSH SYNDROME)**
- Morphine sulfate for pain: 2-20 mg IVP titrated to pain, or 10 mg SQ one time.
  - Isolated extremity trauma. Not recommended for multi-system injury or systolic BP < 100.
- Release compression and extricate patient.
- Non-compressive splints/dressings prn.
- Keep affected limb at level of the heart.

**Pediatric:**

- IV access in unaffected limb:
  - Normal saline 20 ml/kg for fluid resuscitation, prior to release of compression force.
- Consider Albuterol for possible hyperkalemia, wheezing or bronchospasm:
  - 3 ml (2.5 mg) of a 0.083% solution nebulized. May repeat.
- Sodium bicarbonate (NaHCO3) 1 mEq/kg IVP. (**FOR CRUSH SYNDROME)**
- Morphine sulfate for pain: 0.1 mg/kg slow IVP or SQ one time.

**Note:**

- **Confined space and a MVI situation may compromise treatment. Ideally, treatment should be started prior to release of compression.**
- **Hydrate prior to release of compression to combat hypovolemia and to dilute cellular toxins.**
- **Contact BH for PRC determination; consider trauma receiving center.**

Shaded text indicates BH order
Unshaded text indicates standing order